

EXHIBIT “A”

Reg. Dist. No. 25
 Primary Reg. Dist. No. 2501
 Registrar's No. 2017007656

Ohio Department of Health - Vital Statistics
CERTIFICATE OF DEATH
 Type or print in permanent blue or black ink

State File No. 2017066739

1 Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)		2 Sex	3 Date of Death (Mo/Day/Year)
STACY MAE MILLER		FEMALE	JULY 07, 2017
4 Social Security Number	5a Age (Years)	5b Under 1 Year Months	5c Under 1 day Hours Minutes
	46		
6 Date of Birth (Mo/Day/Year)		7 Birthplace (City and State or Foreign Country)	
MARCH 28, 1971		GALLIPOLIS, OHIO	
8a Residence State	8b County	8c City or Town	
OHIO	MEIGS	RUTLAND	
8d Street and Number	8e Apt. No.	8f Zipcode	8g Inside City Limits?
37810 DYE RD		45775	NO
9 Ever in US Armed Forces?	10 Marital Status at Time of Death	11 Surviving Spouse's Name (if wife, give name prior to first marriage)	
NO	MARRIED	DAVID MILLER	
12 Decedent's Education		13 Decedent of Hispanic Origin	14 Decedent's Race
ASSOCIATE DEGREE (E.G., AA, AS)		NO	WHITE
15 Father's Name		16 Mother's Name (prior to first marriage)	
CURTIS DALTON		KATHLEEN VANMETER	
17a Informant's Name		17b Relationship to Decedent	17c Mailing Address (Street and Number, City, State, Zip Code)
HOLLY LYNN OSBORNE		DAUGHTER	7460 SR 141
18a Place of Death		18b County of Death	
HOSPITAL - INPATIENT		MANCHESTER, OHIO 45144	
18c Facility Name (if not institution, give street & number)		18d City or Town, State and Zip Code	
OHIO STATE UNIVERSITY HOSPITALS		COLUMBUS, OH 43210	
19 Signature of Funeral Service Licensee or Other Agent		20 License Number (of licensee)	
ADAM MCDANIEL		008892	
22a Method of Disposition		22b Date of Disposition (Mo/Day/Year)	
BURIAL		JULY 12, 2017	
22c Place of Disposition (Name of Cemetery, Crematory, or other place)		22d Location (City/Town and State)	
WELLS CEMETERY		PAGEVILLE, OH	
21 Name and Complete Address of Funeral Facility		25g Date Signed (Mo/Day/Year)	
ANDERSON-MCDANIEL FUNERAL HOME		7/18/2017	
590 E MAIN ST		POMEROY, OH 45769	
23 Registrar's Signature		24 Date Filed (Mo/Day/Year)	
Sandra Taylor		AUG 03 2017	
25a Name of Person Issuing Disposition Permit		25b District No.	25c Date Disposition Permit Issued (Mo/Day/Year)
TAYLOR, SANDRA		2500	7/12/2017
26a Certifier (Check only one)		26b License number	
<input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		35-063816	
26c Time of Death		26d Date Pronounced Dead (Mo/Day/Year)	
18:13		07/07/2017	
26e Signature and Title of Certifier		26f Was the Medical Examiner or Coroner Contacted?	
MD		NO	
27 Name (First, Middle, Last) and Address of Person who Completed Cause of Death			
ELLIOTT CROUSER, 473 W. 12TH AVE. SUITE 201 COLUMBUS, OH 43210			
28 Part I Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each line. Type or print in permanent blue or black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)			Hours
Septic Shock			
Sequentially list conditions, if any, leading to immediate cause.			Days
Spontaneous Bacterial Peritonitis			
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)			Months
Liver cirrhosis - (NASH & Alcohol)			
Alcohol Abuse			Years
Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			
Acute kidney failure, Metabolic Acidosis, Acute Respiratory Failure, DIC, Coma, Anemia			
29a. Was An Autopsy Performed?		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Applicable	
30. Did Tobacco Use Contribute to Death?		31. If Female, Pregnancy Status	
<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
32. Manner of Death		33a. Date of Injury (Mo/Day/Year)	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide			
<input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		33b. Time of Injury	
33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			
33f. Describe How Injury Occurred:			
33g. If Transportation Injury, Specify			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other			

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18b Facility Name (if not institution, give street & number) OHIO STATE UNIVERSITY HOSPITALS		18c City or Town, State and Zip Code COLUMBUS, OH 43210	
19 Signature of Funeral Service Licensee or Other Agent ADAM MCDANIEL		20 License Number (of licensee) 008892	
21 Name and Complete Address of Funeral Facility ANDERSON-MCDANIEL FUNERAL HOME		22a Date of Disposition (Mo/Day/Year) JULY 12, 2017	
22b Place of Disposition (Name of Cemetery, Crematory, or other place) WELLS CEMETERY		22c Location (City/Town and State) PAGEVILLE, OH	
23 Registrar's Signature <i>Sandra Taylor</i>		24 Date Filed (Mo/Day/Year) AUG 03 2017	
25a Name of Person Issuing Disposition Permit TAYLOR, SANDRA		25b District No 2500	
25c Date Disposition Permit Issued (Mo/Day/Year) 7/12/2017			
26a Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
26b Time of Death 18:13		26c Date Pronounced Dead (Mo/Day/Year) 07/07/2017	
26d Was the Medical Examiner or Coroner Contacted? NO		26e License number 35-063816	
26f Date Signed (Mo/Day/Year) 7/18/2017			
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death ELLIOTT CROUSER, 473 W. 12TH AVE., SUITE 201 COLUMBUS, OH 43210			
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Immediate Cause (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death	
Septic Shock		Hours	
Sequentially list conditions, if any, leading to immediate cause		Days	
Spontaneous Bacterial Peritonitis			
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		Months	
Liver cirrhosis (NASH & Alcohol)			
Alcohol Abuse		Years	
Part II - Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
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H&A 2724 Rev. 07/10-09/10

Sandra Taylor, Franklin County Registrar

AUG 03 2017

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